

Agenda Item 12.

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| TITLE | Health and Wellbeing Performance Dashboard |
| FOR CONSIDERATION BY | Health and Wellbeing Board on Thursday, 14 June 2018 |
| WARD | None Specific; |
| DIRECTOR/ KEY OFFICER | Julie Hotchkiss, Consultant in Public Health |

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| Health and Wellbeing Strategy priority/priorities most progressed through the report | All 4 priorities will be measured by the dashboard. |
| Key outcomes achieved against the Strategy priority/priorities | The indicators proposed will give a baseline against which achievement of outcomes can be assessed, |

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| Reason for consideration by Health and Wellbeing Board | The Board has used indicators previously, and now needs to receive current data and agree indicators to assess progress on the Health and Wellbeing Strategy 2017 – 2020. |
| What (if any) public engagement has been carried out? | None. |
| State the financial implications of the decision | None. |

RECOMMENDATIONS

1. That one or two of the new proposed indicators are substituted for the existing two in Priority 1.
2. That a small group be convened to assess the value of and the cost-feasibility of commissioning an annual survey to assess community's fear of crime.
3. That support be given to the analysts working on the 5 Year Forward View to produce the synopsis statistic.
4. That the specific changes to the indicators in Priority 2B, C and D be approved.
5. That Priority 3 indicators are adjusted so that they measure inequality, and that the recommendations with regards to these indicators are accepted.
6. That support be given to Wokingham Integrated Service Partnership analysts to produce the synopsis statistic for Priority 4.

SUMMARY OF REPORT

At the April 2018 HWB meeting a small set of proposed indicators were presented. The data for the first 3 priorities, with trends and comparators have been collated are presented back to the Board now for refinement and final selection.

Background

A new Health and Wellbeing Strategy was agreed last year, covering 2017 to 2020. In December 2017 a list of Key Performance Indicators were proposed. At the April 2018 HWB meeting a smaller subset of indicators were presented, but without data.

Data for the first 3 priorities, with trends and comparators have now been collated are shown below with recommendations for refinement. The comparators chosen are the South East, England and the "Least Deprived Decile".

Analysis of Issues

Existing proposed Indicators

1. Enabling and empowering resilient communities

1A Population living with a long-term condition aged under & over 65 (see Appendix 2)

1B Emergency admissions for hip fractures in 65

These are not measures of a community's resilience and Wokingham already scores very well comparatively two indicators, and they are not good measures of community resilience. It is recommended these be dropped.

1C Resident's Perception of Fear of Crime

A bespoke survey of residents is required for this, therefore a decision needs to be taken on whether or not to undertake this survey, when and who will fund it.

New proposed indicators for Priority 1

Gap in employment rate between certain groups and the overall employment rate:

- Those with long term conditions (gap = 19.7 staying same)
- Those with learning disabilities (gap = 65.66 and increasing)
- Those in contact with secondary mental health services (gap = 66.1 and decreasing)

(see Appendices 3 and 4)

It is recommended that one or two of these 3 be chosen for the dashboard.

2. Promoting and supporting good mental health

2A West of Berkshire; Five Year Forward View for Mental Health Delivery Plan

"The delivery group is developing a series of measures tracking progress on the five year forward view for mental health, which incorporates Future in Mind work on CAMHS services. This indicator will give a synopsis of progress towards the delivery plan, based upon the detailed metrics behind it, which include:

- Perinatal Mental Health;

- Children and Young people (CYP) Mental Health;
- Adult mental health: common mental health problems – focus on Improving Access to Psychological Therapies (IAPT) services;
- Adult mental health: community, acute and crisis care;
- Adult mental health: secure care pathway & Health and Justice;
- Suicide prevention; and
- Dementia.”

It is recommended that responsibility for developing this measure be clarified. The Public Health Team will work with the relevant analysts to produce synopsis indicator.

2B Self-reported wellbeing

It is recommended that “Self-reported wellbeing – high anxiety score” (2Bii) be chosen, although Wokingham (19.5%) is not statistically different from England (19.87% or South East (19.5), it should be better considering the population characteristics.

2C Prevalence (%) of Dementia (registered and estimated)

The indicator in the spreadsheet is prevalence of dementia in the under 65s. Only one year’s data is available. (see Appendix 5) Better would be to calculate predicted numbers and actual registered by practice and for Wokingham, all age, and use the gap in prevalence as the indicator. This would help us assess the extent to which dementia was being found and diagnosed. This will require cooperation of the practices, and would require analysts time to produce. It does not in itself report good mental health.

*If it were to be used it is recommended that we use the **gap** between predicted numbers and actual registered as the prevalence as the indicator. It is not recommended.*

2D Prevalence (%) of Mental Health illness (registered & estimated)

The best indicator of mental illness prevalence is probably 2Div-Long-term mental health problems (from the GP Patient Survey). However this would not be a good indicator to choose as Wokingham is already very much better than the comparators. Better to use an indicator where there is room for improvement.

It is recommended that we use 2Dvi - Pupils with behavioural, emotional and social support needs, as the indicator, as it is higher 1.65 (worse) than our least deprived comparators 1.36, and increasing. (see Appendix 6)

3. Reducing health inequalities in our Borough

3A Life Expectancy at Birth (Male/Female)

Life expectancy itself does not measure inequalities, but the difference between the most affluent 10% and most deprived 10% within the Borough shows internal inequalities. A statistic called the Slope of Inequality converts this difference into a single figure. Note that the gap is higher in females than in males. (see Appendices 7 and 8).

It is recommended that we use indicators 3Aiii (male)- currently 4.5 - and 3Aiv (female) – currently 5.5 - Slope of inequality as the baseline, and therefore do not use indicators 3Ai and 3Aii.

3B Children in Poverty (Under 16s)

The latest figures show that 6.1% of children in Wokingham come from low income families, this is very much lower than England (16.8%) and even our least deprived comparators at 9.8. However, in itself it is not a helpful indicator to use to show how inequalities are being reduced. It would be possible to compare *attainment between*

children in receipt of Free School Meals, and those who are not, and use the gap as an indicator.

It is not recommended to use 3B.

3C Overweight and obese school children in Reception (%) and at Year 6 (%)

The numbers of children with excess weight is certainly a cause for concern, but as a measure of health inequalities it is better to measure the gap. Public Health England have not released the small area child measurement data, but when they do (expected July 2018) the analysts will calculate the gap between excess weight (overweight and obesity combined) in the most and least deprived 10% of children in the Borough.

It is recommended to use the gap between prevalence of overweight and obesity in children most deprived and least deprived. The Board to decide whether to use Reception age or Year 6 or both.

4 Delivering Person-centred Integrated Services

The production of the “Indicator” for Priority 4 (Delivering Person-centred Integrated Services) is the responsibility of Wokingham Integrated Services Partnership (WISP) and is not presented here. Because these two indicators are actually composites for several other indicators it is methodologically complex. The Public Health Team will work with WISP’s analysts to produce two composite indicators/ synopses from the list presented to the April meeting and a report and bring a report back to the August HWB on current status, with trends if possible.

Appendices

Appendix 1 Wokingham HWBB indicators 5 June 2018 (pdf of the front sheet)

Appendix 2 Wokingham HWBB KPIs ind1Aiii

Appendix 3 Wokingham HWBB KPIs ind 1di

Appendix 4 Wokingham HWBB KPIs ind 1dii

Appendix 5 Wokingham HWBB KPIs ind 2c

Appendix 6 Wokingham HWBB KPIs ind 2dvi

Appendix 7 Wokingham HWBB KPIs ind 3aiii

Appendix 8 Wokingham HWBB KPIs ind 3aiv

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| Partner Implications |
| CCG and WISP analysts will need to work on indicators for Priorities 2 and 4 |

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| Reasons for considering the report in Part 2 |
| N/A |

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| List of Background Papers |
| N/A |

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